

CLASS C REINSTATEMENT FORM

227453
227454

File the original with:

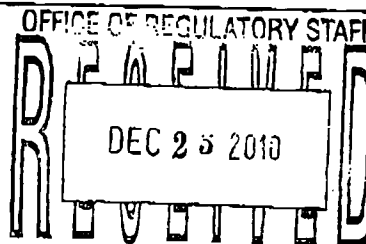
Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

2009 41-T
2010 295 T

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 12/3/2010



Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 8083
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

RECEIVED

DEC 29 2010

PSC SC
CLERK'S OFFICE

My certificate was revoked/cancelled on 11/17/2010 because _____
 (DATE)
failed to file Annual Report

I am seeking reinstatement because _____

Monica Burden
 (Name of Company)

DBA Monica's Cab
 (If applicable)

5631 Blackwell St
 (Street Address)

(Mailing Address If different from Street Address)

Charleston, SC 29405
 (City, State, Zip Code)

Monica Burden
 (Signature)

 (Telephone Number)

owner
 (Title) Owner, President, etc.

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAL
OF

Exact Legal Name of Respondent**FOR THE YEAR ENDED 2009**

☒ Calendar Year Ending December 31, 2009
OR
☐ Fiscal Year Ending _____

PSC SC
CLERK'S OFFICE

